

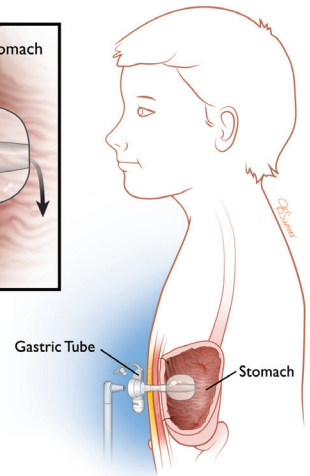
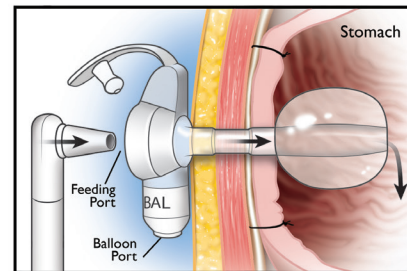
### DEVICE

Date of placement: \_\_\_\_\_

Type of G-button: \_\_\_\_\_

Size: \_\_\_\_\_ French (diameter)

with a length of \_\_\_\_\_ cm



### CLEANING THE SITE

1. Gather supplies: cotton tip applicators, mild soap and water.
2. Wash hands with soap and water for 15 seconds.
3. Dip the cotton tip applicator in **warm, soapy water**. Roll the cotton tip applicator in a circular motion underneath the G-button and away from the gastrostomy site. Clean around the entire G-button. Repeat until site is free of gastric content or formula residue.
4. Dip the cotton tip applicator in **warm water**. Roll the cotton tip applicator in a circular motion underneath the G-button and away from the gastrostomy site to rinse. Clean around the entire G-button.
5. Use a dry cotton tip applicator to dry the site completely. If the site is left wet, it can cause skin issues.

**Do not clean with hydrogen peroxide, alcohol, or heavily scented soaps. Do not use ointments, medications, or powders on the G-button site unless ordered by your doctor. Do not put dressings on the tube site unless instructed.**

### HOW TO CHANGE THE BUTTON

1. Gather all supplies: new G-tube kit, lubricating gel, empty syringe, gauze and small towel.
2. Ensure feeds have been discontinued.
3. Wash hands with soap and water.
4. Fill new syringe with 5cc of normal saline or tap water.
5. Properly lubricate new button.
6. Deflate balloon of indwelling G-button with empty syringe vial balloon port (port site marked "BAL"). Continue to pull back until you feel resistance and no more water returns in syringe (generally 5cc, but may vary).
7. Remove button with gentle extraction.
8. Immediately place new lubricated button into stoma with gentle pressure
9. Inflate new balloon with 5cc of fresh sterile water (normal saline or tap water is fine). Put 3-5 mL of water in 12 Fr buttons. Use 5-7 mL of water for 14 Fr and 16 Fr buttons.
10. Dry excess moisture, lubricating gel, or gastric contents around skin.
11. Connect feeding tube & use large syringe included in kit to aspirate back stomach contents to ensure proper placement.

### FEEDING INSTRUCTIONS

Only use formula and medications ordered by your doctor.

1. Gather supplies for feeds: formula, pump, water, syringe, feeding bag, and SECUR-LOK feeding extension tubes.
2. Wash hands with soap and water for 15 seconds.
3. Remove air from tube by slowly pushing formula through the tube while it is disconnected from your child's G-button.

4. Connect feeding tube containing formula to the G-button. For a bolus feed, connect the bolus connection syringe/tube.
5. Give feeds with formula at room temperature (check with your doctor before putting medications through your tube).
6. After feedings and giving medications, flush the tube with amount of water ordered by your physician.
7. Rinse items used for feeding with warm water.

**Do not mix medication with formula. Do not place tubing connections in dishwasher.**

## POTENTIAL CONCERNS

**Infection:** If skin around the gastrostomy site is red and there is thick, yellow drainage, foul odor, pain, or fever greater than 100.4° F, call the Pediatric Surgery Clinic.

**Clogged tube:** If you are not able to flush the G-tube or if pump alarm beeps, the tube may be clogged. *Do not* force fluids into the tubing. Check to make sure tubing is not clamped or kinked.

1. Gather a 60 ml syringe and warm water.
2. Fill syringe with 10-15 ml of warm water. Connect syringe and gently move plunger back and forth.
3. If tubing does not clear, clamp the tube for 5-20 minutes and allow water to “soak.”
4. After the 5-20 minutes, fill syringe with another 10-15 ml of water and try again to flush.
5. If clog continues, replace button.

**Leaking:** A small amount of moisture or leaking may be normal and may cause redness and granulation tissue. For a small amount of leaking, refer to the instructions on cleaning the site on previous page. While granulation tissue may be bothersome, it is not dangerous.

If leaking occurs:

1. Make sure the button is flat against the skin.
  2. Check to make sure the feeding tube and connections are secure.
  3. Use one split 2x2 gauze under G-button.
  4. If having abdominal distention and vomiting, contact your Pediatric Surgery Clinic.
  5. Call for an urgent appointment if more than one-half of feeds or medications leak.
- Increased leakage could be caused by an underlying illness.



**Granulation Tissue:** This is not an emergency. Extra lumpy/bumpy, red/pink flesh can grow around the feeding tube. It may be moist or soft to touch and may bleed easily. Granulation tissue is a response to friction from movement or pressure of the tube or moisture. If granulation tissue develops, call your Pediatric Surgery Clinic. *A trip to the emergency room is not necessary.*

## DISLODGEEMENT MORE THAN 8 WEEKS AFTER SURGERY

1. Replace the new button following the previous instructions.
2. If the balloon is intact, insert existing button back in.

If a working button is not available, replace with broken button or Foley. Inflate balloon of button/catheter with 5mL of water and tape tube to abdomen. Call the clinic immediately to have button replaced that day. It is important to leave something in the tract so that it does not close. If tract has shrunk, go to the emergency room right away.

## URGENT MATTERS

**Call the Pediatric Surgery Clinic if your child**

- Has signs of infection: redness, swelling, and pus around the G-tube or wound.
- Continues to throw up with feeds.
- Has a temperature greater than 100.4° Fahrenheit with changes in the wound's appearance.

### Pediatric Surgery Clinic Numbers

Texas Medical Center	832-822-3135
West Campus	832-227-2250
The Woodlands	936-267-7333

[texaschildrens.org/pediatric-surgery](http://texaschildrens.org/pediatric-surgery)